

Your request must be postmarked or received within 45 days after Premera's final decision. The Plan Administrator will issue a decision within 60 days after receiving all the relevant material in your appeal.

Your appeal may be sent to an IRO for review. The Plan Administrator will issue a decision in writing within 30 days after receiving the IRO's recommendation.

If you are not satisfied with the decision, you may appeal to the Commissioner of Administration.

URGENT APPEALS: If the Plan Administrator is advised that your life or health is threatened by a delay in the appeal process, an emergency review may be requested. In making an emergency review, we will generally rely on the opinion of your treating physician.

Commissioner Appeals

Your request and the following forms must be received by the Division within 30 days after you receive the Plan Administrator's decision:

- Select Benefits Health Plan Notice of Appeal
- Authorization for Release of Protected Health Information

If your appeal has not been sent to an IRO for independent review, it will be sent at this time.

The Commissioner of Administration will make a decision after receiving the recommendation of the IRO and reviewing your appeal file. You will be notified of the decision in writing.

Alaska Division of Retirement and Benefits

State Office Building
333 Willoughby Ave., 6th floor
PO Box 110203
Juneau, AK 99811-0203
Fax: (907) 465-4668
(907) 465-8600
1-800-821-2251

TDD for the hearing impaired
(907) 465-2805

ben066.pmd

The information in this brochure is not intended to replace the information contained in the plan booklets. Language contained in the booklets govern the plans.

Alaska Division of Retirement and Benefits

Health Plan Appeal

Guide for Select Benefits Members



ALASKA CARE
Employee Health Plan

Health Plan Appeal Guide for Select Benefits Members

Introduction

The AlaskaCare Select Benefits Health Plan (Health Plan) provides members with the right to appeal the health claims and precertifications that have been denied by the claims administrator, Premera Blue Cross Blue Shield of Alaska (Premera).

If a claim or precertification is denied, in whole or in part, your Explanation of Benefits (EOB) or letter from Premera will explain the reason for the denial. Please refer to your Select Benefits Insurance Information Booklet (Booklet) for coverage information and if necessary, call Premera toll-free at 1-877-762-9597 for further clarification. If you still feel the claim or precertification should be covered under the terms of the Health Plan, you may take the following steps to file an appeal.

Claim Administrator Appeals

Level I Appeal

Please submit your request in writing, explaining the nature of your appeal, including copies of the EOB's, correspondence, and pertinent medical records. Your appeal must be received by Premera

within 180 days of the date the EOB or precertification denial letter was issued. Submit your request to the following address:

Premera Blue Cross Blue Shield of Alaska
Attention: Member Appeal
PO Box 91102
Seattle, WA 98111-9202

You will receive a written decision from Premera within 30 days after their receipt of your appeal. If you are not satisfied with their Level I decision and you are eligible for further appeal, you may submit a Level II appeal to Premera.

Level II Appeal

Premera must receive your written request for a Level II appeal within 60 days after you receive their Level I decision.

Your appeal will be reviewed by a panel who did not participate in the Level I review and you or your authorized representative may meet with them in person or by telephone. Premera will schedule and notify you of the date, time, and place of the meeting within 30 days after receiving your request.

You will receive a written decision from Premera within 60 days after their receipt of all relevant information in your appeal. If you are not satisfied with their decision, you may request an independent review. They must receive your request within 60 days after you receive their Level II decision.

Independent Review

Independent reviews are conducted by an independent review organization (IRO), which is an organization of medical experts qualified to review your appeal. If you request an independent review, Premera will cover the charges and submit your appeal to the IRO on your behalf. The IRO will make a decision within 21 days after their receipt of the appeal and will notify you in writing of their decision. If you wish to appeal the IRO's decision, you may request a review by the Plan Administrator.

URGENT APPEALS: If your doctor or provider advises Premera that a delay in your appeal process could harm your health, they will reach a decision regarding your appeal within 72 hours after receipt of your Level I, Level II, or IRO appeal.

Plan Administrator Appeals

Please send your written request for a review, including all correspondence from Premera, EOB's, and pertinent medical documentation to the following address:

State of Alaska
Division of Retirement & Benefits
Attn: Health Appeals
PO Box 110203
Juneau, AK 99811-0203

